



PERSONAL INFORMATION CHANGE REQUEST

Use blue or black ink to complete this form.

State of Tennessee 457 Plan

98986-01

Participant Information – Provide name/Social Security number as it currently appears on your account.

_____	_____	_____	_____
Last Name	First Name	MI	Social Security Number

			Account Extension (if applicable)

☐ **Name Change – Attach copy of marriage certificate or divorce decree.**

_____	_____	_____
Last Name	First Name	MI

☐ **Personal Information Correction/Change**

Mo Day Year

_____	_____	_____
Date of Birth		

☐ Married ☐ Unmarried ☐ Female ☐ Male

Social Security Number

Attach copy of birth certificate.

**Attach copy of Social Security card and
driver's license or photo identification.**

☐ **Address and Phone Number Change**

Address – Number & Street		

_____	_____	_____
City	State	Zip Code

() _____	() _____	
Home Phone	Work Phone	

E-Mail Address		

Required Signature

I affirm that the information that I have provided on this form is true and correct.

Participant Signature

Date

Participant forward to Service Provider at:
Great-West Retirement ServicesSM
545 Mainstream Drive, Suite 407
Nashville, TN 37228
Phone#: 1-800-922-7772
Web site: www.treasury.state.tn.us/dc/

